



**South Washington County Schools Return to Play Sports Waiver**



**WAIVER AND VOLUNTARY ASSUMPTION OF RISK**

I am the parent of \_\_\_\_\_. I understand that various programs within ISD 833 School offer students an opportunity to participate in a variety of district sponsored events and activities and that participation in these events and activities is completely voluntary. I recognize and understand that these activities involve inherent risks, including, but not limited to, the risk of contracting COVID-19, the risk of physical injury, the risk of death, and the risk of property loss or damage. I also understand that these risks will exist despite careful planning and adequate supervision. Knowing the inherent risks and dangers involved, I voluntarily assume those risks and grant permission for my child to participate in the following district sponsored activity (Name of Event or Activity): \_\_\_\_\_.

Knowing the inherent risks and dangers that are involved in participating in the event or activity I have identified above, I waive, release, and forever discharge the District and its current and former board members, officers, directors, employees, agents, insurers, and representatives from any and all liability, actions, claims, and demands for personal injury, sickness, death, and property loss or damage arising out of or relating to my child’s participation in the event or activity. I further waive any right to bring any claim, demand, legal action, or cause of action against the District, its board members, officers, directors, employees, agents, insurers, or representatives, unless they engage in gross negligence or willful misconduct that directly causes harm to my child.

Finally, I agree to hold the District and its board members, officers, directors, employees, agents, insurers, and representatives harmless from any and all claims, demands, or liabilities for injury, sickness, death, or loss of property arising out of or relating to my child’s participation in the activity that I have identified above.

Signature of Parent/Guardian \_\_\_\_\_

Printed Name of Parent \_\_\_\_\_

Dated: \_\_\_\_\_

Thank you,

Phil Kuemmel, AD  
Park High School

Jodi Loeblein-Lecker, AD  
Woodbury High School

Sara Palodichuk, AD  
East Ridge High School